		* * * * * * * * * * * * * * * * * * *	
Officehola, Candidate, Type or print in lnk.		•	JOVER PAGE UNG FORM
and Controlled Committee	Statement covers period	Date Stamp	CAUTORNIA A C A
	1-1-97		1994 FORN 43U
Campaign Statement — Long Form (Government Code Sections 84200-84216.5)	110111	RECEIVED	
	through 6-30-97		/
SEE INSTRUCTIONS ON REVERSE		97 JUL 30 AN 8: 0	5Page of
Check one of the following boxes to indicate the type of statement being filed:	Date of election if applicable:		For Official Use Only
Pre-election Statement Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)	(Month, Day, Year)	ALIGE H. REIMOHI	
Special Odd-Year Campaign Report		CITY CLERK	
Semi-annual Statement		CITY OF LODI	
Termination Statement (Attach a completed Form 415 to this statement.)			
Officeholder, Candidate, and Controlled Committee		ot Included in this S	
Included in this Statement	committees not included in t	consolidated statement that	are controlled by you and any
NAME OF OFFICEHOLDER OR CANDIDATE			
Stephen J. MANI	COMMITTEE NAME		I.D. NUMBER
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) CODI CITY. COCUNCIC	/		
<u></u>	/		
RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)			
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE			
(OD) 95241 209-368-62	THE !		
COMMITTEE NAME 1.1. D. NUMBER	CITY	STATE ZIP	CODE AREA CODE/DAYTIME PHONE
charles of MANN poster alandage	, 1	STATE ZIF	CODE AREA CODEDATTIME PROME
Stephen 11/11/11 Office house 1922032	COMMITTEE NAME		I.D. NUMBER
COMMITTEE ADDRESS (NO, AND STREET))		i.o. Nomber
P.O.BOX 648	,		
CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE	NAME OF TREASURER		CONTROLLED COMMITTEE?
UN OF 9529 Some			YES NO
NAME OF TREASURER	COMMITTEE ADDRESS	(NO. AND STREET)	
PORON A. ROCKA			
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)	CITY	STATE ZIP	CODE AREA CODE/DAYTIME PHONE
POBOX 73/			
CIENCALS CA SEATO TEGOR AREA CODEDAYTIME PHONE			
Clements of 95207 759-3867	Attach additional Informatio	n on appropriately labeled con	linuation sheets.
III Verification			
	and to the hest of mulmawledge the in	formation contained herein an	d in the attached schedules is
I have used all reasonable diligence in preparing this statement. I have reviewed the statement a true and complete. I ce <u>rtify u</u> nder penalty of perjury under th <u>e laws</u> of the <u>St</u> ate of California tha	at the foregoing is the and correct.		5 Md
Executed on 7-19-97 At 1001 C	By TO		POUR -
DATE CITY AND STATE		SIGNATURE OF TREASURER	
An officeholder or candidate who controls a committee must also verify the campaign statemen	nt. I have used all reasonable diligence.	and to the best of my knowledg	je the treasurer has used all
reasonable diligence in preparing this statement. I have reviewed the statement and to the best complete. I certify under penalty of perjury under the laws of the State of California that the for	of my knowledge the information conf	tained herein and in the attach	ad schedules is true and
		Hell July	101111
Executed on 7-27-97 At CITY AND STATE	Ву	SIGNATURE OF CANDIDATE/OFFICEHO)IDFR
Executed on At	Ву	Z.ina. U.i. Z. Z.ina. in	***************************************
DATE CITY AND STATE	-,	SIGNATURE OF CANDIDATE/OFFICEH	DLDEA
Executed on At	Ву		
DATE CITY AND STATE		SIGNATURE OF CANDIDATE/OFFICEHO	DLDER

Campaign Disclosure Statement Summary Page

(ype or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		through 6-30-97	Page 2 of 5
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE THE WENT THE MAN T	SN		1.D. NUMBER 922038
Contributions Received	Column A TOTAL THIS PERIOD PROMATTACHED SCHEDULES)	Column B* , TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	s <u>431</u>	s	s <u>431</u>
2. Loans Received Schedule 8, Line 7			
3. SUBTOTAL CASH CONTRIBUTIONS	5 431	s	s <u>437</u>
4. Non-monetary Contributions Schedule C, Line 3			
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4	s <u>431</u>	s	, 431
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)			
7. TOTAL CONTRIBUTIONS RECEIVED	s <u>431</u>	\$	s <u>431</u>
Expenditures Made	24.11.		
8. Cash Payments (Other than Loans Made) Schedule E, Line 5	, 2041.55	\$, 2041.55
9. Loans Made Schedule H, Line 7			
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9	1 2041.55	s	, 2041.55
11. Accrued Expenses (Unpaid Bills) Schedule F, Line 5			
12. TOTAL EXPENDITURES MADE	, 2041-55	\$, <u>ao41.55</u>
Current Cash Statement	20011 25		
13. Beginning Cash Balance Previous Summary Page, Line 17	: 2911.28	* From previous Statement Summar	y Page, Column C. However, if
14. Cash Receipts Column A, Une 3 above	43/.00	this is the first report filed for the ca blank except for Loans Received (Lir	
15. Miscellaneous Increases to Cash Schedule I, Line 4	44.00	6), Loans Made (Line 9), and Accrued	Expenses (Line 11).
16. Cash Payments Column A, Line 10 above	2041.55		
17. ENDING CASH BALANCE Add Lines 13 + 14 + 15, then subtract Line 16	, 1344.73	Summary for Candidates	in Both June and
If this is a termination statement, Line 17 must be zero.	ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT	November Elections	
		1/1 through 6	5/30 7/1 to Date
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	\$	21. Contributions Received $s = \frac{43}{1}$	
Cash Equivalents and Outstanding Debts		22. Expenditures sacret	
19. Cash Equivalents See Instructions on reverse	\$	Made \$	
20. Outstanding Debts Add Line 2 + Line 11 in Column Cabove	•		

Schedule	Α	
Monetary	y Contributions	Received

Type or print in lnk. Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULÉ A

SEE INSTRUCTIONS ON REVERSE NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE I.D. NUMBER FULL NAME AND ADDRESS OF CONTRIBUTOR AMOUNT RECEIVED THIS PERIOD CUMULATIVE TO DATE CLENDAR YEAR (JAN. 1 - DEC. 31) CUMULATIVE TO DATE OTHER (IF APPLICABLE) OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER IIF SELF-EMPLOYED, ENTER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) NAME OF BUSINESS) FOODNIA WASTE SUBTOTAL \$ **Monetary Contributions Summary** 1. Amount received this period — contributions of \$100 or more. (Include all Schedule A subtotals.) 2. Amount received this period — contributions of less than \$100. (Do not itemize.) 3. Total monetary contributions received this period.

Schedule E **Payments and Contributions** (Other Than Loans) Made

Type or print in ink. Amounts may be rounded to whole dollars.

CHEDULE E Statement covers period I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES
 - AND COMMITTEES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION

- "I" INDEPENDENT EXPENDITURES
- "L" LITERATURE

- "B" BROADCAST ADVERTISING
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
- "O" OUTSIDE ADVERTISING
- "S" SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "F" FUNDRAISING EVENTS

"G" -- GENERAL OPERATIONS AND OVERHEAD "T" - TRAVEL, ACCOMMODATIONS AND MEALS

(MUST BE DESCRIBED)

- PROFESSIONAL MANAGEMENT AND CONSULTING

SERVICES

IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE F

(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.	REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.				
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYE	MENT	AMOUNT PAID
stockton Decorb		SUB	3coziption		135,77
costco - Stockton	a				458,36
compretex POOS- cop.	9				707.94
Tiger software	9			·	523.96
					,
Important: Contributions and expenditures made out of campaign funds to officeholders, candidates, committees, or ballot measures must also be ent	o or on be ered on th	half of other ne Allocation Pa	ge, Part I.	SUBTOTAL	\$ 1826.0
Payments and Contributions Made Summary					10/01 0
1. Payments made this period of \$100 or more. (Include all Schedule E subto	otals.)				1826.03
2. Payments made this period of under \$100. (Do not itemize.)		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		215,53
3. Total interest paid this period on outstanding loans. (Enter amount from	Schedule I	B, Part II, Colum	ın (d).)		
4. Total accrued expenses paid this period. (Do not itemize. Enter amount f	rom Sched	dule F, Line 4.)	•••••		
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and	d on the Si	ummary Page, C	Column A, Line 8.)	······ TOTAL \$	2041,55

 iedule scellai	 ncreas	es to (Cash

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE I

Miscellaneo	us Increases to Cash	to whole dollars.	Statement covers period from 1-1-97	regressive 400
SEE INSTRUCTIONS O	N REVERSE		through 6-30-97	Page 5 of 5
NAME OF OFFICEHOL	I.D. NUMBER			
	Stephen J. MANK	<u>) </u>		922038
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	DESCR	DESCRIPTION OF RECEIPT	
				,
Attach additio	onal information on appropriately labeled continuation sheets.		SUBTOTAL \$	
	Increases to Cash Summary sh of \$100 or more this period.		\$	
	sh under \$100 this period. (Do not itemize.)			
	erest received this period on loans made to others. (Schedule H			
4. Total miscellar	neous increases to cash this period. (Add Lines 1, 2, and 3. Enter e, Line 15.)	here and on the	161600	-) -